

Report on Ph.D. Exam

Date

Name
(last, first middle)

University or SIS id

Program:

Degrees now held (degree, institution, date conferred)

The Ph.D. exam was given on (date):

The Examining Committee has declared performance on the Ph.D. exam to be ☐ satisfactory / ☐ unsatisfactory
and further ☐ recommends / ☐ does NOT recommend that the student named above be encouraged to prepare a
dissertation proposal for public defense prior to being admitted to candidacy.

Special conditions (if any):

Print name	Department/ School/Institution*	Signature
<input type="text"/>	<input type="text"/>	_____
Chairperson		
<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	_____
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<input type="text"/>	<input type="text"/>	_____

*School or institution if not SEAS

Approved by Program _____

Program specific assessment form for the Ph.D. MUST be submitted with this report to the Graduate Studies Office.